

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90025 001 ***300.00

DOCUMENT # H81115

1. Entity Name
FIRST PROFESSIONALS INSURANCE COMPANY, INC.



Principal Place of Business
**1000 RIVERSIDE AVENUE
8TH FLOOR
JACKSONVILLE, FL 32204 US**

Mailing Address
**225 WATER STREET
SUITE 1400
JACKSONVILLE, FL 32202 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062006 Chg-P CR2E034 (11/05)

4. FEI Number
59-6614702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SELANDER, GUY T MD**
STREET ADDRESS **1731 UNIVERSITY BLVD SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D** ☐ Change ☒ Addition
NAME **Shapiro, David M., M.D.**
STREET ADDRESS **1000 Riverside Avenue, 8th Floor**
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE **D** ☐ Delete
NAME **BAGBY, RICHARD J MD**
STREET ADDRESS **4138 SHORECREST ROAD**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **D** ☐ Change ☒ Addition
NAME **Thrasher, John**
STREET ADDRESS **225 Water Street, Suite 1800**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **VPS** ☐ Delete
NAME **WOSELBOER, ROBERT L JR**
STREET ADDRESS **1000 RIVERSIDE AVE 8TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **Wortelboer, Robert L. Jr.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BYERS, JOHN R**
STREET ADDRESS **225 WATER STREET SUITE 1400**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **DP** ☐ Change ☒ Addition
NAME **White, Jr., Robert E.**
STREET ADDRESS **1000 Riverside Avenue, 8th Floor**
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE **D** ☐ Delete
NAME **KLEIN, H RAYMOND DDS**
STREET ADDRESS **943 CESERY BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCCOY, TERENCE P MD**
STREET ADDRESS **2412 WEST PLAZA DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SEE ATTACHED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lygia A. Parkes* **Lygia A. Parkes, Assistant Secretary** 3/21/06 (904) 360-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

CONTINUATION OF
NUMBER 10 and 11

66007847
#H81115

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	SVP Rominger, Beth 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204	Title Name St. Address City-ST-Zip	VP <input checked="" type="checkbox"/> Change Adams, Melanie 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204
Title Name St. Address City-ST-Zip	VP Scheriff, Frederick 600 North Pine Island Rd., Ste. 250 Plantation, Florida 33324	Title Name St. Address City-ST-Zip	VP <input checked="" type="checkbox"/> Change Bedford, John 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204
Title Name St. Address City-ST-Zip	VP Driscoll, Kurt F. 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204	Title Name St. Address City-ST-Zip	VP <input checked="" type="checkbox"/> Addition Divita, III, Charles 225 Water Street, Suite 1400 Jacksonville, FL 32202
Title Name St. Address City-ST-Zip	VP Rapp, Clifford 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204	Title Name St. Address City-ST-Zip	AS <input checked="" type="checkbox"/> Addition Parks, Peggy A. 225 Water Street, Suite 1400 Jacksonville, FL 32202
Title Name St. Address City-ST-Zip	SVPT Sicilian, Lou 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Bishop, James 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP <input checked="" type="checkbox"/> Change Archer, Laura 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	AS Lanfrie, Carol 1000 Riverside Avenue, 8 th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	AS <input checked="" type="checkbox"/> Delete Cown, Roberta Goes 225 Water Street, Suite 1400 Jacksonville, FL 32202		